2008 FOR PROFIT CORPORATION REINSTATEMENT

1. Entity Name RAVI SHARI Principal Place of 1278 SOUTH MOO BRANDON, FL 3: 2. Principal Place 14100 F. Suite, Apr. #. es City & State H u d c Zip 3466 MARQUARDT	of Business - No P.O. Box # ivay Road tc. e 330	Mailing Address 278 SOUTH MOON AVI BRANDON, FL 33511 3. Mailing Address	.0		2008 NOV 14 SECRETARY O TALLAHASSEE	AM 9: 1(IF STATE FLORID			
Principal Place of 278 SOUTH MOD BRANDON, FL. 3: 2. Principal Place 14100 F. Suite, Apr. #, et City & State H uds Zip 3466 MARQUARDT	Business ON AVENUE 3511 of Business - No P.O. Box # ivay Road to. e 330 Son FL Country USA	278 SOUTH MOON AVI BRANDON, FL 33511 3. Mailing Address 14100 Fiva	.0		SECRETARY O TALLAHASSEE	F STATE FLORID			
278 SOUTH MOO BRANDON, FL 3. 2. Principal Place 14100 F. Suite, Apr. #. et Suit City & State H u d S Zip 3466 MARQUARDT	on AVENUE 3511 of Business - No P.O. Box # ivay Road to. e 330 Son FL GOUNTRY	278 SOUTH MOON AVI BRANDON, FL 33511 3. Mailing Address 14100 Fiva	.0	00.4	SECRETARY O TALLAHASSEE	F STATE FLORID			
278 SOUTH MOO BRANDON, FL 3. 2. Principal Place 14100 F. Suite, Apr. #. et Suit City & State H u d S Zip 3466 MARQUARDT	on AVENUE 3511 of Business - No P.O. Box # ivay Road to. e 330 Son FL GOUNTRY	278 SOUTH MOON AVI BRANDON, FL 33511 3. Mailing Address 14100 Fiva	.0			, 11800 MIN (1108)	ť		
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Huds Zip 3466 MARQUARDT	67 Country USA	City & State	uite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.				11042008 REIN-P CR2E098 (1/07)		
Zip 3466 MARQUARDT	67 Country USA		.~.		4. FEI Number	*	Applied For		
MARQUARDT		Zip Zip	F2 Coun	try, 1	03-0501989	\$8	Not Applicab		
MARQUARDT	o. Name and Audress of Current	34667		USA	Certificate of Status Desired Name and Address of New Re	¹⊐ Ée€	Required		
	_ _	registered Agent	•	Name	7. Name and Address of New Re	sgistered Age	<u></u>		
	MARQUARDT, J. MATTHEW 625 COURT STREET				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 200 CLEARWATER, FL 33756							-		
	•			City	· · · · · · · · · · · · · · · · · · ·	FL	Zip Code		
		the purpose of changing its	s register	ed office or registe	ered agent, or both, in the State of Flo	rida. I am fam	ilier with, and accep		
	of registered agent.								
SIGNATURE	nature, typed or printed name of registered agent	and title if applicable. (NOT	E: Register	ed Agent signature requ	ired when reinstating)	DATE			
FILE N	OWIII FEE IS \$750.00								
After Januai	ry 1, 2009, Fee will be \$900.0	0							
IIILE PE	OFFICERS AND	DIRECTORS Delete	11. 1itu		ADDITIONS/CHANGES TO OFF		RECTORS IN 11 Change		
	HARMA, RAVI 78 SOUTH MOON AVENUE		NAM	NE EET ADDRESS	1001379 11/14/0801037	2410	J1		
	RANDON, FL 33511			-ST-ZIP	11/14/00==0103[**750.00 		
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12. I hereby cert indicated on	tify that the information supplied will this report or supplemental report i	n this filing does not qualify the strue and accurate and that	for the ex	emptions containe ature shall have the	ed in Chapter 119, Florida Statutes. I e same legal effect as if made under	further certify oath; that I am	that the information an officer or director lock 10 or Block 11		
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